

400 Garden City Plaza - Suite 300
Garden City, New York 11530
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To:	Examiner Brandon J. Miller GROUP ART UNIT: 2683 Confirmation No.: 6613	From:	John S. Sensny, Esq.
Fax:	703-872-9306	Pages:	15 pages (including cover sheet)
Phone:		Date:	June 3, 2005
Re:	Sara H. Basson, et al. U.S. Patent Appln. No.: 09/827,274 Our Docket: YOR920000473US1 (13824)	CC:	

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- 2. Amendment Transmittal (in duplicate)**
- 3. Supplemental Amendment Under 37 C.F.R. §1.111**


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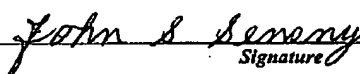
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Sara H. Basson, et al.		Docket No. YOR920000473US1 (13824)	
Application No. 09/827,274	Filing Date April 5, 2001	Examiner Brandon J. Miller	Group Art Unit 2683

Invention:
VIRTUAL COOPERATIVE NETWORK FORMED BY LOCAL CLIENTS IN ZONES WITHOUT CELLULAR

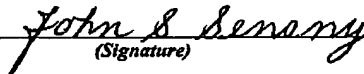
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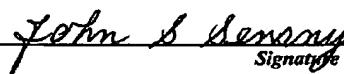
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920000473US1 (13824)	
Applicant(s): Sara H. Basson, et al.					
Application No. 09/827,274	Filing Date April 5, 2001	Examiner Brandon J. Miller	Customer No. 23389	Group Art Unit 2683	Confirmation No. 6613
Invention: VIRTUAL COOPERATIVE NETWORK FORMED BY LOCAL CLIENTS IN ZONES WITHOUT CELLULAR SERVICES					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
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 John S. Sensny Registration No. 28,757 Scully, Scott, Murphy & Presser 400 Garden City Plaza-Suite 300 Garden City, New York 11530 516-742-4343			Dated: June 3, 2005		
JSS:dg CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

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<p>I hereby certify that this <u>Supplemental Amendment Under 37 C.F.R. 1.111</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>June 3, 2005</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 40px;"> <u>John S. Sensny</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
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Applicant(s): Sara H. Basson, et al.														
Application No. 09/827,274	Filing Date April 5, 2001	Examiner Brandon J. Miller	Customer No. 23389	Group Art Unit 2683	Confirmation No. 6613									
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INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
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JSS:dg CC:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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JUN 03 2005

Applicants: Sara H. Basson, et al. **Examiner:** Brandon J. Miller
Serial No.: 09/827,274 **Art Unit:** 2683
Filed: April 5, 2001 **Docket:** YOR920000473US1 (13824)
For: VIRTUAL COOPERATIVE **Dated:** June 3, 2005
NETWORK FORMED BY LOCAL
CLIENTS IN ZONES WITHOUT
CELLULAR SERVICES

Confirmation No.: 6613

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

Please amend the subject patent application as follows.

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Dated: June 3, 2005

John S. Sensny
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